

REPORT OF PROHIBITED ALCOHOL-RELATED CONDUCT
14 C. F. R. PART 67 AIRMAN MEDICAL CERTIFICATE HOLDER

In compliance with the provisions of 14 C.F.R. part 121, appendix J, I am notifying you of prohibited alcohol-related conduct by the following individual who holds an airman medical certificate issued pursuant to 14 C.F.R. part 67.

Company Name: _____

Airman's Name: _____

Airman's Social Security Number: _____ Date of Birth: _____

On _____ the above named airman was removed from the performance of a
date safety-sensitive function for the following prohibited alcohol-related conduct.

☐ Alcohol Concentration of 0.04 or greater - Alcohol Testing Required

Type of test: ☐ Random
 ☐ Reasonable Suspicion
 ☐ Post-accident
 ☐ Follow-up

Date test was conducted: _____

Alcohol Misuse Violation - Alcohol Testing Not Required

☐ On-duty use
☐ Pre-duty use
☐ Use following an accident

Date of Alcohol Misuse Violation: _____

I have enclosed the following documentation:

☐ Breath Alcohol Testing Form; OR
☐ Documentation supporting determination of on-duty, pre-duty, or post-accident alcohol use violation.

The SAP evaluation is ☐ enclosed or ☐ will be forwarded to you within 2 days of receipt.

Authorized Employer Representative Signature: _____

Printed Name and Title: _____ Date: _____

Telephone Number: ☎ (____)____-_____

Mail to: FAA/Drug Abatement Division, AAM-810, Room 803
✉ 800 Independence Ave., SW, Washington, DC 20591